



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Michael Moseley, Director

December 18, 2006

MEMORANDUM

To: Legislative Oversight Committee Members
Commission for MH/DD/SAS
Consumer/Family Advisory Committee Chairs
State Consumer Family Advisory Committee Chairs
Advocacy Organizations and Groups
North Carolina Association of County Commissioners
County Managers
County Board Chairs
North Carolina Council of Community Programs

State Facility Directors
Area Program Directors
Area Program Board Chairs
DHHS Division Directors
Provider Organizations
MH/DD/SAS Professional Organizations and Groups
MH/DD/SAS Stakeholder Organizations and Groups
Other MH/DD/SAS Stakeholders

From: Mike Moseley 

Re: Communication Bulletin #067
Update to Bulletin #063, Non-Medicaid Appeal
Process

State Plan
Communication Bulletin

I would like to announce an update to one of the forms included in DMH/DD/SAS Communication Bulletin #063, Non-Medicaid Appeal Process, issued on 10/9/2006. Upon consultation with the Office of Attorney General, we are making a change to the LME Final Written Decision Letter found on page 21 of the bulletin.

The second paragraph has been deleted and replaced by the following language to the LME: "Insert the decision based on the panel's findings." The LME will insert its decision in that space. We are inserting the new decision letter and the accompanying instruction sheet (page 20) in this updated bulletin which will be posted on the DMH/DD/SAS website <http://www.ncdhhs.gov/mhddsas/>.

Consultation and technical assistance regarding this communication and the Non-Medicaid appeal process will be provided by members of the Advocacy and Customer Service Section through Tracy Ginn at (919) 715-3197 or Tracy.Ginn@ncmail.net and by the Operations and Support Section through Karen Lowman at (919) 715-2780 or Karen.Lowman@ncmail.net.

Thank you for your attention to this matter.

| | | |
|-----|--------------------------------------|------------------|
| cc: | Secretary Carmen Hooker Odom | Sharnese Ransome |
| | Dr. Allen Dobson | Wayne Williams |
| | Dan Stewart | Kaye Holder |
| | DMH/DD/SAS Executive Leadership Team | Kory Goldsmith |
| | DMH/DD/SAS Staff | Andrea Russo |



**Instructions and Forms
for the**

Non-Medicaid State Appeal System

**DMH/DD/SAS Non-Medicaid Appeal Process
NCGS 143B-147(a) and 10A NCAC 27I.0600-.0609**

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Instructions and Forms for the

Non-Medicaid State Appeal System

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Non-Medicaid State Appeal System
NCGS 143B-147(a) and 10A NCAC 27I.0600 – .0609

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NCGS 143B-147(a)(9) § 10.35.(a)

APPEALS PROCESS FOR CLIENTS OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES PROGRAMS

SECTION 10.35.(a) G.S. 143B-147(a) is amended by adding the following new subdivision to read:

"(9) To adopt rules establishing a process for non-Medicaid eligible clients to appeal to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services of the Department of Health and Human Services decisions made by an area authority or county program affecting the client. The purpose of the appeal process is to ensure that mental health, developmental disabilities, and substance abuse services are delivered within available resources, to provide an additional level of review independent of the area authority or county program to ensure appropriate application of and compliance with applicable statutes and rules, and to provide additional opportunities for the area authority or county program to resolve the underlying complaint. Upon receipt of a written request by the non-Medicaid eligible client, the Division shall review the decision of the area authority or county program and shall advise the requesting client and the area authority or county program as to the Division's findings and the bases therefore. Notwithstanding Chapter 150B of the General Statutes, the Division's findings are not a final agency decision for purposes of that Chapter. Upon receipt of the Division's findings, the area authority or county program shall issue a final decision based on those findings. Nothing in this subdivision shall be construed to create an entitlement to mental health, developmental disabilities, and substance abuse services."

SECTION 10.35.(b) The Commission shall commence the rule-making process in a timely manner to ensure, insofar as possible given the time constraints of Chapter 150B of the General Statutes, that the rules become effective not later than July 1, 2006.

10A NCAC 27I .0600-.0609

SUBCHAPTER 27I- AREA AUTHORITY OR COUNTY PROGRAM REQUIREMENTS

SECTION .0600-NON-MEDICAID APPEAL PROCESS

10A NCAC 10A NCAC 27I .0601 is adopted as published in NC Register Volume 20 Issue 20 Pages 1713-1716 as follows:

10A NCAC 10A NCAC 27I .0601 SCOPE

- (a) The rules of this Section shall govern appeals made to the Division of decisions made by an area authority or county program affecting a non-Medicaid eligible client.
- (b) A non-Medicaid eligible client may appeal to the Director the review decision of an area authority or county program to deny, reduce, suspend, or terminate a non-Medicaid state funded service.
- (c) An appeal shall be filed with the Division only after a client has received a review decision from the area authority or county program.
- (d) Nothing in these rules shall be interpreted as granting a non-Medicaid eligible client the right to appeal decisions of third party payers to the Division.
- (e) As set forth in G.S. 143B-147(a)(9), nothing in these rules shall be interpreted as granting a non-Medicaid eligible client the right to appeal the findings of the Division by requesting a contested case hearing pursuant to G.S. 150B.
- (f) There shall be no reprisal or retaliation to anyone who is a party to an appeal.
- (g) The area authority or county program may authorize interim services until the final written decision as set forth in Rule .0609 of this Section is reached.

Authority G.S. 143B-147;

Effective Date October 1, 2006

10A NCAC 27I .0602 is adopted as published in NC Register Volume 20 Issue 20 Pages 1713-1716 as follows:

10A NCAC 27I .0602 DEFINITIONS

As used in the rules in this Section, the following terms shall have the meanings specified:

- (1) "Director" means the Director of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services.
- (2) "Division" means the Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

Authority G.S. 143B-147;

Effective Date October 1, 2006

10A NCAC 27I .0603 is adopted as published in NC Register Volume 20 Issue 20 Pages 1713-1716 as follows:

10A NCAC 27I .0603 FILING REQUIREMENTS

- (a) An appeal shall be filed with the Division no later than 11 calendar days from the date of the area authority or county program written review decision.
- (b) The appeal shall include a copy of the area authority or county program review decision and a request for appeal on a form provided by the Division.
- (c) A verbal appeal shall not be accepted.

Authority G.S. 143B-147,

Effective Date October 1, 2006

10A NCAC 27I .0604 is adopted as published in NC Register Volume 20 Issue 20 Pages 1713-1716 as follows:

10A NCAC 27I .0604 CHANGE IN CLIENT CONDITION

If the client's medical condition changes relative to the service under appeal, the appeal shall be returned to the area authority or county program for review.

Authority G.S. 143B-147,

Effective Date October 1, 2006

10A NCAC 27I .0605 is adopted as published in NC Register Volume 20 Issue 20 Pages 1713-1716 as follows:

10A NCAC 27I .0605 INITIAL RESPONSE TO A DMH/DD/SAS APPEAL

(a) The Director shall screen the request for appeal to the Division to determine:

- (1) if the appeal was reviewed by the area authority or county program according to the area authority or county program policy and procedures; and
- (2) if the appeal includes the denial, reduction, suspension or termination of a non-Medicaid state funded service.

(b) The Director shall send an acknowledgement letter to the client and the area authority or county program within 5 business days of receipt of the request for appeal to the Division.

(c) The acknowledgement letter shall specify whether the appeal has been accepted or not. The Division shall accept an appeal if it meets the standards as set forth in Paragraph (a) of this Rule.

(d) The Director shall notify the area authority or county program and the client whose appeal is accepted for review to forward all documentation considered during the area authority or county program review to the Division no later than 10 calendar days from the date of the acknowledgement letter. The acknowledgment letter shall advise the parties that a panel will be convened to conduct a hearing.

(e) An appeal that does not meet the criteria as set forth in Paragraph (a) of this Rule shall be returned to the client as disqualified with an explanation of the basis for disqualification.

(f) The area authority or county program shall review the appeal, if the appeal made to the Division is disqualified on the basis of not having been reviewed according to the area authority or county program's policy and procedures.

(g) The client shall have 11 calendar days from the date of the area authority or county program review decision to resubmit the appeal to the Division.

Authority G.S. 143B-147;

Effective Date October 1, 2006

10A NCAC 27I .0606 is adopted as published in NC Register Volume 20 Issue 20 Pages 1713-1716 with changes as follows:

10A NCAC 27I .0606 HEARING SCHEDULE AND COMPOSITION OF THE PANEL

- (a) The Director shall convene a five member panel to conduct a hearing for an appeal that is accepted in accordance with the requirements of Rule .0605 of this Section.
- (b) The panel members shall consist of the following:
 - (1) a provider agency representative who meets the following requirements:
 - (A) the representative shall be from a provider agency that is not be a party to the appeal; and
 - (B) the representative shall have clinical expertise in the disability area pertinent to the appeal.
 - (2) an employee of an area authority or county program who meets the following requirements:
 - (A) the employee shall be from an area authority or county program that is not a party to the appeal; and
 - (B) the employee shall have clinical expertise in the disability area pertinent to the appeal.
 - (3) two individuals who are members of a consumer and family advisory committee who is not a party to the appeal; and
 - (4) an employee of the Division.
- (c) The employee of the Division shall serve as the chairperson of the panel and shall be a voting member in the case of a tie.
- (d) The Director shall forward the record on appeal and all supplemental documentation to the chairperson of the panel within 5 days of receipt thereof.
- (e) The Director shall provide a copy of applicable ~~law, policy, and procedures~~ law and rules to the chairperson of the panel.
- (f) The chairperson shall schedule a panel hearing including designation of a time and place.
- (g) The chairperson shall notify the client, other panel members and the area authority or county program of the time and place no less than 15 calendar days prior to the date of the hearing.

*Authority G.S. 143B-147;
Effective Date October 1, 2006*

10A NCAC 27I .0607 is adopted as published in NC Register Volume 20 Issue 20 Pages 1713-1716 as follows:

10A NCAC 27I .0607 PANEL HEARING PROCEDURES

(a) The chairperson of the panel:

- (1) shall convene the hearing at the prearranged time and place;
- (2) may afford the opportunity for rebuttal and summary comments to either of the presenting parties; and
- (3) shall conduct proceedings in an orderly manner.

(b) The panel:

- (1) may limit the total number of persons presenting for the client and area authority or county program; and
- (2) may impose time limits for presentations.

(c) Either party may be represented by a person or attorney of their choice.

(d) Prior to the hearing, the client and the area authority or county program shall:

- (1) specify by name and position all individuals who will be present for the hearing;
- (2) provide the panel with requested information; and
- (3) when applicable, ensure that representatives of the parties shall be present at the hearing.

(e) Any member of the panel may address questions to either party.

(f) The panel may obtain any form of technical assistance or consultation relevant to the appeal.

(g) No transcript shall be made and no party shall be allowed to record the proceeding. The panel may choose to record the proceeding for its own use. A tape so made shall be destroyed after the panel issues its decision.

(h) Witnesses shall not be sworn before testifying.

Authority G.S. 143B-147;

Effective Date October 1, 2006

10A NCAC 27I .0608 is adopted as published in NC Register Volume 20 Issue 20 Pages 1713-1716 as follows:

10A NCAC 27I .0608 PANEL DECISION FINDINGS

- (1) The panel findings and decisions are based on the record and any new evidence that would be material to the issues on appeal.
- (2) The standard of review for the panel is whether the decision of the area authority or county program is supported by evidence presented.
- (3) The panel shall vote on each specific item being appealed.
- (4) Findings and decisions of the panel shall be by majority vote.
- (5) Any decision may be rescheduled for a subsequent meeting if the panel determines that it lacks sufficient information to render a decision at the initial hearing.
- (6) All panel findings and decisions shall be reached and sent in writing within 60 days of the written request for appeal to the client, the area authority or county program and the Director.

Authority G.S. 143B-147;

Effective Date October 1, 2006

10A NCAC 27I .0609 is adopted as published in NC Register Volume 20 Issue 20 Pages 1713-1716 as follows:

10A NCAC 27I .0609 FINAL WRITTEN DECISION

- (1) Upon receipt of the panel's findings and decisions, the area authority or county program shall issue a final decision based on those findings. The area authority or county program shall issue the decision in writing within 10 days of receipt of the panel's findings and decisions.
- (2) Neither the panel findings and decisions nor the area authority or county program final decision shall be interpreted as an agency decision granting a non-Medicaid eligible client the right to appeal by requesting a contested case hearing pursuant to G.S. 150B.

Authority G.S. 143B-147;

Effective Date October 1, 2006

Non-Medicaid Appeals Process

Area/County Program/LME Responsibilities:

1. Receive complaint regarding UM decision,
2. Follow UM complaint portion of DMH/DD/SAS Bulletin #38 (pp. 4 - 5),
3. Conduct clinical Review,
4. Issue clinical review decision letter with State appeal information and
5. Issue *the final written decision* after State Appeals Panel *finding*.

DMH/DD/SAS Customer Service and Community Rights Team Responsibilities:

1. Receive and review appeal,
2. Log initial filing in ACCESS system,
3. Send appeal acknowledgement letter,
4. Begin paper file,
5. Answer consumer questions about process and
6. Transfer hearing request file to Hearing Office.

DMH/DD/SAS Hearing Officer (Panel Chairperson) Responsibilities:

1. Receive the appeal request from CSCR Consultant,
2. Log in the appeal information,
3. Coordinate and Notifies the appellant and LME, in writing, of
 - a. time and place of the hearing
 - b. request for documentation offered in support of the decision under appeal
4. Convene the Non Medicaid Hearing panel,
5. Convene the hearing at the prearranged time and place,
6. Conduct the Non-Medicaid hearing proceedings in an orderly manner,
7. Log in the outcome and closing date of appeal,
8. Communicate the panel decision to the client and the LME.

This appeal shall not be construed to create an entitlement to mental health, developmental disabilities and substance abuse services. Neither the Division panel decision nor the LME Director's final decision is considered a final agency decision in accordance with NCGS 150B. Non-Medicaid eligible consumers do not have the right to a contested case hearing pursuant to NCGS 150B.

Notification of Non-Medicaid Service UM Decision

- Purpose:** This letter notifies the consumer of the utilization management (UM) decision regarding *Non-Medicaid* services. The letter is required by DMH/DD/SAS Bulletin #38 *Policy for Consumer Complaints to an Area/County Program*.
- Letterhead:** Correspondence to consumers shall be on official Area/County Program/LME letterhead.
- Date:** The letter must be dated no later than one day after the UM decision.
- Dear:** Address the letter to the consumer or legally responsible person.
- Decision:** Indicate which type of UM decision applies:
- Denial of a requested service,
 - Reduction of a current service,
 - Suspension of a current service or a
 - Termination of a current service.
- Service:** Insert the specific *Non-Medicaid* service at issue.
- Service Options:** Insert whether or not you will authorize alternative services and, if applicable, the time period of the authorization. You may also suggest other community resources.
- Filing a Complaint:** Bulletin #38 allows the consumer to file a complaint orally.
- Local Information:** Insert local contact information for Customer Service and Consumer Affairs office.
- Acknowledgement:** Contact the complainant ASAP to inform him/her of receipt and the complaint procedures.
- Caveat:** It is important to reinforce that a *Non-Medicaid* services complaint process at the local (and state level) *does not* create entitlement rights.

Notification of Non-Medicaid Service UM Decision

Area/County Program /LME LETTERHEAD

[Name and address of consumer]

Dear [insert name of consumer or parent/guardian/legally responsible party]

(Area/County Program/LME Name) has (Indicate which type of decision applies: **denied, reduced, suspended or terminated.**) [Insert specific *Non-Medicaid* service and, if applicable, the effective date on which the service will be reduced, suspended or terminated]. This notice explains the reason for the decision and tells you how to file a complaint regarding the decision if you disagree.

The reason(s) for this decision is (Insert the reason(s) for the decision.)

(Insert whether any other *Non-Medicaid* service options are available to the consumer.)

If you wish to file a complaint regarding the above decision, complete the accompanying complaint form and send it and this letter by mail or fax to our office within 10 calendar days of the date of this letter. You may also file a complaint orally by calling the number below within 10 calendar days of the date of this letter. Complaints are filed to:

Insert staff person's name, telephone number, fax # and address of the LME Customer Service/Consumer Affairs Office

We will acknowledge receipt of your complaint. We will send you a written clinical review decision regarding your complaint no later than seven days after we receive the complaint.

NOTE: Filing a complaint regarding a *Non-Medicaid* service does not create an entitlement or a guarantee to mental health, developmental disabilities or substance abuse services.

Sincerely,

UM Coordinator

Non-Medicaid Service Complaint Form

- Purpose:** This form shall be used by consumers who desire to file a complaint about the UM decision noted in the letter.
- Letterhead:** The form shall be on the Area/County Program/LME letterhead.
- Insert Name:** Insert the Area/County Program/LME name in the first paragraph.
- Deadline:** The filing deadline is 10 days from the date of the UM decision letter. If the 10th day is on a weekend or holiday, the deadline is the next business day.
- Filing Requirements:** By sending form *and* the letter, the UM history can be tracked for subsequent reviews. A copy is ideal so that the consumer can keep his/her own records.
- Contact Information:** Insert the appropriate staff person and Area/County Program/LME contact information for the local Customer Service/Consumer Affairs office.

Area/County Program /LME LETTERHEAD

Non-Medicaid Service Complaint Form

If you wish to file a complaint about the utilization review decision described in the letter, complete the information below and send the form along with the letter or a copy to the **Area/County Program/LME** 10 calendar days from the date of the letter. Please note: If the 10th day is on a weekend or a holiday, the deadline falls on the next business day.

What is the local UM decision(s) you are appealing?

Name of consumer: Last _____, First _____

Consumer Date of Birth (month, day, year) _____

Address of Consumer: _____

Consumer's Telephone Number: _____ Day
_____ Evening

Name of Guardian (if appropriate): _____

Address of Guardian: _____

Guardian's Telephone Number: _____ Day
_____ Evening

Consumer or Guardian Signature: _____ Date _____
(mm/dd/yyyy)

Send the form and the letter or copy to:

Insert staff person's name, telephone number, fax # and address of the Area/County Program/LME Customer Service/Consumer Affairs Office.

Clinical Review Decision Letter

Purpose: This letter conveys the clinical review decision according to procedures in DMH/DD/SAS Bulletin #38. The letter is issued by the Area/County Program/LME Medical/Clinical Director.

Letterhead: All correspondence shall be on the Area/County Program/LME letterhead.

Date: DMH/DD/SAS Bulletin #38 requires that the decision letter be dated no later than two days after the clinical review decision.

Consumer Name: Insert the consumer's name.

Dear: Insert the consumer/legally responsible person's name.

Decision Basis: Insert the reason(s) for the clinical review decision (e.g. not clinically appropriate, inconsistent with service definitions, insufficient funds to pay for the service, etc).

Service Options: The Area/County Program/LME has the option of authorizing other *Non-Medicaid* services that are appropriate. The duration of the authorization shall be noted. Note that services may be authorized for the duration of the State appeal period at the discretion of the Area/County Program/LME. Other community resources may also be referred to the consumer for support.

Filing Information: The State *Non-Medicaid* Appeal citation is provided with the deadline information.

Caveat: The statement reinforces that the State appeal statute *does not* create entitlement rights or the right to a hearing at the Office of Administrative Hearings.

Signature: The Area/County Program/LME Medical/Clinical Director shall sign.

Area/County Program /LME LETTERHEAD

Clinical Review Decision Letter

LME Letterhead

Date

(No later than 2 days after the review decision)

Name and address of consumer/guardian

RE: Consumer Name

Dear Consumer/Guardian:

We have reviewed your complaint regarding (insert the specific *Non-Medicaid* service in question) and have made the following decision:

(Insert the decision in a statement).

The above decision is based on (Insert the reason for the decision).

(In situations in which the review decision overturns the prior UM decision, insert the date on which the service will be authorized).

Insert whether any other non-Medicaid services are authorized as options and for what period of time. You may also insert any referrals to community resources.

If you wish to appeal this decision to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), you must complete the accompanying appeal form. The DMH/DD/SAS hearing office must receive your appeal within 11 calendar days from the date on this LME Clinical Review letter (NCGS 143B-147(a)) and (10A NCAC 27I .0600 - .0609). If the 11th day falls on a weekend or holiday, the deadline is the next business day.

NOTE: North Carolina law states that appealing the service noted in this decision letter *does not* create entitlement rights or the right to appeal to the Office of Administrative Hearings (NCGS 143B-147(a) (9)).

Sincerely,

Area/County Program/LME Medical/Clinical Director

Non-Medicaid Appeal Filing Form

- Purpose:** This form is to be used by Consumers/Guardians to request a *Non-Medicaid* Appeal Panel Hearing with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services DMH/DD/SAS.
- Deadline:** The filing deadline is 11 days from the date of the UM decision letter. If the 11th day is on a weekend or holiday, the deadline is the next business day.
- Insert Information:** Insert *Non-Medicaid* recipient's name, date of birth, address, and the name of the Area/County Program/LME which made the decision under appeal.
- Decision(s) appealed:** Insert specifically what decision(s) was denied, suspended, reduced, or terminated by the LME.
- Signature:** Consumer/Guardian should sign the form and complete this section identifying his/her relationship to the consumer, phone number and address.
- Representation:** This section is completed *only if* the consumer will have a lawyer or representative assisting with the appeal. The Consumer is to provide the name, address, phone number of his/her representative and sign and date this section of the form.
- Caveat:** The form advises the Consumer/Guardian that the *Non-Medicaid* appeal *does not* create an entitlement to mental health, developmental disabilities, or substance abuse services. The form further advises the Consumer/Guardian that there is no right to appeal the decision of the *Non-Medicaid* Appeal Hearing to the Office of Administrative Hearings.

NON- MEDICAID APPEAL REQUEST FORM

Please complete the information below to request a *Non-Medicaid* hearing, in Raleigh, with the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS).

Mail or fax to: **DMH/DD/SAS Hearing Office**
c/o Customer Service and Community Rights
Mail Service Center 3009, Raleigh, NC 27699-3009,
Phone: (919)-715-3197 Fax: (919)-733-4962

We must receive this form no later than ELEVEN (11) days from date of the enclosed notice. Please attach a copy of the LME clinical review decision letter when sending your request.

[Insert Non-Medicaid recipient name]

[Recipient's Date of Birth]

[Insert recipient address]

[Insert Area/county program]

I would like to appeal the decision regarding the following service [Insert the specific decision noted in LME letter which you are appealing]. **Please be very specific in describing what services you are appealing from the LME decision letter.**

Signature of Non-Medicaid recipient or parent/guardian/legally responsible party

Date

Relationship to recipient: _____

Phone Number (with area code): () _____

Address (if different than above): _____

Complete next section only if you have a lawyer or other representative to assist you with this appeal:

"I authorize the following individual to represent the above recipient. Upon request, I authorize you to release any and all medical records and other documents and confidential information which may pertain to the Non-Medicaid hearing process."

Name of Representative: _____

Representatives Address: _____

Phone Number: () _____

Signature of Non-Medicaid Recipient or Responsible Party

Date

If you have questions about the appeal process, you may call DMH/DD/SAS Customer Service and Community Rights at 919-715-3197 or CARE-LINE toll-free at 1-800-662-7030 or TTY 1-877-452-2514.

This appeal does not create an entitlement to mental health, developmental disabilities and substance abuse services. Neither the Division panel decision nor the LME Director's final decision is considered a final agency decision in accordance with NCGS 150B. Non-Medicaid eligible consumers do not have the right to a contested case hearing pursuant to NCGS. 150B.

Area/County Program/LME Final Written Decision Letter

Purpose: The statute and administrative rule require that the Area/County Program/LME render the final written decision after the DMH/DD/SAS Panel decision.

Letterhead: The decision shall be written on Area/County Program/LME letterhead.

Date: The law requires the decision to be dated within 10 days of receipt of the DMH/DD/SAS Panel decision.

Address: Insert the name and address of the consumer or guardian.

RE: Insert the consumer's name.

Dear: Insert the name of the consumer or guardian (if required).

Service: Insert the name of the specific *Non-Medicaid* service under appeal.

Decision: Insert the final LME decision based on the panel's findings.

Finality: We reiterate that the law requires Area/County/LME the written decision is not part of an entitlement process and, therefore, cannot be appealed further to the Office of Administrative Hearings.

Local Phone #: Please insert the Area/County Program/LME telephone number for follow up questions.

Signature: The Area/County Program/LME director shall sign the decision letter.

LME Final Written Decision Letter

LME Letterhead

DATE

(Within 10 days of receipt of DMH/DD/SAS Panel Decision)

Name and address of consumer/guardian

RE: Consumer's Name

Dear Consumer/Guardian:

We have reviewed the Division of Mental Health Developmental Disabilities and Substance Abuse Services Appeal Panel findings regarding (insert specific non-Medicaid service under appeal) and have made the following decision:

(Insert the LME final decision based on the panel's findings.)

North Carolina law requires that the above decision is final.

Filing an appeal regarding a non-Medicaid service does not create an entitlement to mental health, developmental disabilities or substance abuse services or the right to a hearing at the Office of Administrative Hearings (G.S. 143B-147 (a) (9) and 10A NCAC 27I.0600-.0609).

For questions, please call the LME Customer Service/Consumer Affairs office at (insert telephone number).

Sincerely,

LME Director